

### **ANNUAL STATEMENT**

For the Year Ending December 31, 2003
OF THE CONDITION AND AFFAIRS OF THE

### Health Plan of Michigan, Inc.

NAIC Group Code	0000 (Current Period)	0000 (Prior Period)	NAIC Company Code	52563	Employer's ID Number	38-3253977
Organized under the Laws o	,	Michigan	State of Domi	cile or Port of Entry	Mi	chigan
Country of Domicile	-	d States of America	, Ciate of Bollin	one of Forest Entry		7119a11
	Office	d Otates of America				
Licensed as business type:	Life, Accident & Health Dental Service Corpora Other[ ]	tion[ ] Vision	erty/Casualty[ ] n Service Corporation[ ] nO Federally Qualified? Yes[ ] N	Health Mai	ledical & Dental Service or Ind ntenance Organization[X]	lemnity[ ]
Date Incorporated or Organi	zed	12/31/1995	Date C	commenced Business	12/3	31/1995
Statutory Home Office	17515	W. Nine Mile Road, Sui (Street and Number)	ite 650 ,		Southfield, MI 48075 (City, or Town, State and Zip Cod	2)
Main Administrative Office		(Street and Number)		ile Road, Suite 650	(Gity, or Town, State and Zip Cou	<del>=</del> )
	Southfi	eld, MI 48075	(Street at	ia Namber)	(248)557-3700	
		ate and Zip Code)			(Area Code) (Telephone Nun	nber)
Mail Address		5 W.Nine Mile Road, Suit			Southfield, MI 48075	
D: 1 " (D 1	•	Street and Number or P.O. Bo	ox)	•	(City, or Town, State and Zip Cod	e)
Primary Location of Books a	nd Hecords		/0	Same treet and Number)		
	Sar	ne	(3	treet and Number)	(248)557-3700	
		tate and Zip Code)			(Area Code) (Telephone Nun	nber)
Internet Website Address		www.hpmich.com			, ,, ,	
Ctatutan, Ctatament Contact		lon D. Cotton			(0.40).004.6011	
Statutory Statement Contact		Jon B. Cotton (Name)			(248)204-6011 (Area Code)(Telephone Number)(I	-xtension)
	jcotton@h	pmich.com			(248)557-4638	2.10.10.10.1,
		Address)			(Fax Number)	
Policyowner Relations Conta				line Mile Road, Suite	650	
	Southfield	, MI 48075	(5	treet and Number)	(248)557-3700	
		tate and Zip Code)			(Area Code) (Telephone Number)(	Extension)
			reasurer/CFO Janice Torosian  VICE PRESIDENTS	1		
			CTORS OR TRUSTI			
		Timothy Beck Thomas Lauzon lelanie Shearman		George Ell Laura Lee(		
	higan kland ss					
assets were the absolute propert explanations therein contained, a and of its income and deductions	y of the said reporting entity, fr nnexed or referred to, is a full therefrom for the period ende (1) state law may differ; or, (2)	ee and clear from any liens o and true statement of all the a d, and have been completed i	described officers of the said reporting r claims thereon, except as herein state assets and liabilities and of the condition n accordance with the NAIC Annual St. s require differences in reporting not rel	ed, and that this statement n and affairs of the said re atement Instructions and	t, together with related exhibits, sci eporting entity as of the reporting p Accounting Practices and Procedu	hedules and eriod stated above, res
	(Signature)		(Signature)		(Signature)	
	B. Cotton, M.D.		Thomas Lauzon		Janice Torosia	1
(F	rinted Name) President		(Printed Name) Secretary		(Printed Name) Treasurer	
Subscribed and sv day of	vorn to before me this	a. Is i b. If r	this an original filing?  1. State the amendment r  2. Date filed  3. Number of pages attac		Yes[X] No[]	_ _ _
(Notary Public	Signature)					_

STATEMENT AS OF December 31, 2003 OF THE Health Plan of Michigan, Inc.

### **EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
	1 O I	V F				
	•					
0599999 Accident and health premiums due and unpaid (Page 2, Line 12)						

### **EXHIBIT 4 - HEALTH CARE RECEIVABLES**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Receivables not inidvidually listed						
State of Michigan-Maternity State of Michigan-Psychotropic	414,649 883.007	56,358				471,007 883,007
4D-Pharmacy Rebate			75,278		105,572	
0499999 Total - Receivables not inidvidually listed						
0599999 Health care receivables	1,403,228	167,294	75,278		105,572	1,540,228

# EXHIBIT 5 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7		
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total		
Individually Listed Claims Unpaid								
4D Pharmacy MTM Transportation	1,381,664 135,249					1,381,664 135,249		
0199999 Total - Individually Listed Claims Unpaid								
0299999 Aggregate Accounts Not Individually Listed - Uncovered								
0399999 Aggregate Accounts Not Individually Listed - Covered	199,773					199,773		
0499999 Subtotals	1,716,686					1,716,686		
0599999 Unreported claims and other claim reserves								
0699999 Total Amounts Withheld								
0799999 Total Claims Unpaid								
0899999 Accrued Medical Incentive Pool and Bonus Amounts						274,691		

21	Exhibit 6 - Ammounts De	ue From Parent	NONE
22	Exhibit 7 - Amounts Due	to Parent	 NONE

STATEMENT AS OF December 31, 2003 OF THE Health Plan of Michigan, Inc.

### **EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS**

		1	2	3	4	5	6
						Column 1	Column 1
		Direct Medical	Column 1	Total	Column 3	Expenses Paid	Expenses Paid
	Payment	Expense	as a %	Members	as a %	to Affiliated	to Non-Affiliated
	Method	Payment	of Total	Covered	of Total	Providers	Providers
Capit	ation Payments:						
1.	Medical groups	1,076,783	1.530				1,076,783
2.	Intermediaries						
3.	All other providers	1,453,078	2.064				1,453,078
4.	Total capitation payments	2,529,861	3.594				2,529,861
Other	Payments:						
5.	Fee-for-service			X X X	X X X		
6.	Contractual fee payments	67,403,554	95.761	X X X	X X X		67,403,554
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments	453,583	0.644	X X X	X X X		453,583
9.	Non-contingent salaries						
10.	Aggregate cost arrangements						
11.	All other payments						
12.	Total other payments	67,857,137	96.406	X X X	X X X		67,857,137
13.	Total (Line 4 plus Line 12)	70,386,998	100.000	X X X	X X X		70,386,998

### **EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1	2	3	4	5	6
				Intermediary's	Intermediary's
NAIC	Name of	Capitation	Average Monthly	Total Adjusted	Authorized Control
Code	Intermediary	Paid	Capitation	Capital	Level RBC
	NI C				
	IN C	) N E			
9999999			X X X	X X X	X X X

STATEMENT AS OF December 31, 2003 OF THE Health Plan of Michigan, Inc.

### **EXHIBIT 9 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

		1	2	3	4	5	6
					Book Value	Assets	Net
				Accumulated	Less	Not	Admitted
	Description	Cost	Improvements	Depreciation	Encumbrances	Admitted	Assets
1.	Administrative furniture and equipment	240,390		129,262	111,128	16,669	94,459
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total	240,390		129,262	111,128	16,669	94,459



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)
REPORT FOR: 1. CORPORATION: 2. DIVISION:

NAIC Group Code				Е	BUSINESS IN TH	E STATE OF <b>G</b> I	RAND TOTAL DU	JRING THE YEAR					NAIC Company	Code 52563
		1	Comprehensive (I	Hospital & Medical)	4	5	6	7	8	9	10	11	12	13
			2	3	1			Federal						
								Employees						
					Medicare	Vision	Dental	Health Benefit	Title XVIII	Title XIX	Stop	Disability	Long-Term	
		Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Loss	Income	Care	Other
Total Members at end of:				·	, ,		·							
1. Prior Year		46,845								46,845				
2. First Quarter		50,585								50,585				
										55,631				
4. Third Quarter		62,183								62,183				
										68,568				
<ol><li>Current Year Member</li></ol>	Months	692,288								692,288				
<b>Total Member Ambulatory</b>	<b>Encounters for Year:</b>													
7. Physician		525,486								525,486				
8. Non-Physician		344,052								344,052				
9. Total		869,538								869,538				
10. Hospital Patient Days	Incurred	17,511								17,511				
	dmissions									4,660				
12. Health Premiums Coll										98,439,672				
13. Life Premiums Direct .														
14. Property/Casualty Pre	miums Written													
15. Health Premiums Earr										97,918,564				
	miums Earned													
17. Amount Paid for Provi														
		70,386,998								70,386,998				
18. Amount of Incurred for	Provision of Health	, 3,000,000								, 0,000,000				
		73,701,405								73,701,405				

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products .......and number of persons insured under indemnity only products ......



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)
REPORT FOR: 1. CORPORATION: 2. DIVISION:

NAIC Group Code BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR NAIC Company Code 52563

2. First Quarter       50,585         3. Second Quarter       55,631         4. Third Quarter       62,183         5. Current Year       68,568         6. Current Year Member Months       692,288         Total Member Ambulatory Encounters for Year:         7. Physician       525,486         8. Non-Physician       344,052         9. Total       869,538         10. Hospital Patient Days Incurred       17,511	sability Long-Term	,	10 Ston	9	8	7 Federal	6	5	4	Hospital & Medical)	Comprehensive (H	1	
Total Members at end of:   Total Members at end of:   Prior Year	,   •	,	Ston			Federal			1			l	
Total   Individual   Group   Supplement   Only   Only   Plan   Health Benefit   Title XVIII   Title XIX   Stop   Disability   Long-Term   Care	,   •	,	Ston			1				3	2		
Total   Individual   Group   Supplement   Only   Only   Plan   Health Benefit   Title XVIII   Title XIX   Stop   Disability   Long-Term   Care	,   •	,	Ston	1		Employees							
Total   Individual   Group   Supplement   Only   Only   Plan   Medicare   Medicare   Medicare   Medicare   Care	,   •	,		Title XIX	Title XVIII	' '	Dental	Vision	Medicare				
Total Members at end of:   Prior Year		Income		Medicaid			Only	Only	Supplement	Group	Individual	Total	
Prior Year							,	,		'			Total Members at end of:
Second Quarter   55,631   55				46,845								46,845	
Third Quarter   62,183     62,183     62,183     62,183     62,183     63,568     64,5													First Quarter
Current Year       68,568       68,568       68,568       68,568       68,568       68,568       68,568       68,568       68,568       68,568       68,568       68,568       68,568       69,288       68,568<				55,631								55,631	. Second Quarter
Current Year Member Months   692,288										1		62,183	. Third Quarter
Total Member Ambulatory Encounters for Year:         525,486 <td></td>													
Physician     525,486				692,288								,	
8. Non-Physician     344,052     344,052     344,052       9. Total     869,538     869,538     869,538       0. Hospital Patient Days Incurred     17,511     17,511													Total Member Ambulatory Encounters for Year:
Total   869,538													
0. Hospital Patient Days Incurred 17,511 17,511 17,511 17,511 17,511 17,511 17,511													
				869,538								869,538	. Total
4 Niveber of least Administracy 4 CCC				17,511								17,511	0. Hospital Patient Days Incurred
1. Number of inpatient Admissions				4,660								4,660	11. Number of Inpatient Admissions
2. Health Premiums Collected 98,439,672 98,439,672 98,439,672				98,439,672								98,439,672	2. Health Premiums Collected
3. Life Premiums Direct													3. Life Premiums Direct
M. Proporty/Cocyclety Promiume Written													
F Health Premiums Formed 07 010 FG4 07 010 FG4				97,918,564									
6 Proporty/Coguality Promisime Formed													
7. Amount Paid for Provision of Health Care													, , ,
Services				70,386.998			[					70,386,998	
18. Amount of Incurred for Provision of Health												, ,	<ol> <li>Amount of Incurred for Provision of Health</li> </ol>
Care Services         73,701,405			I	1	1	1							

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products .......... .. and number of persons insured under indemnity only products .....

### **SCHEDULE A - VERIFICATION BETWEEN YEARS**

1.	Book/adjusted carrying value, December 31, prior year (prior year statement)	80,403
2.	Increase (decrease) by adjustment:	
	2.1 Totals, Part 1, Column 10	(18,778)
	2.2 Totals, Part 3, Column 7	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent	
	improvements (Column 9))	622,104
4.	Cost of additions and permanent improvements:	
	4.1 Totals, Part 1, Column 13	7,960
	4.2 Totals, Part 3, Column 9	
5.	Total profit (loss) on sales, Part 3, Column 14	
6.	Increase (decrease) by foreign exchange adjustment:	
	6.1 Totals, Part 1, Column 11	
	6.2 Totals, Part 3, Column 8	
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 12	
8.	Book/adjusted carrying value at the end of current period	691,688
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	691,688
11.	Total nonadmitted amounts	10,438
12.	Statement value, current period (Page 2, real estate lines, current period)	681,250

### **SCHEDULE B - VERIFICATION BETWEEN YEARS**

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	
2.	Amount loaned during year:	
	2.1 Actual cost at time of acquisitions	
	2.2 Additional investment made after acquisitions	
3.	Accrual of discount and mortgage interest points and commitment fees	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.	Total profit (loss) on sale	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of mortgages owned at end of current period	

### **SCHEDULE BA - VERIFICATION BETWEEN YEARS**

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	
2.	Cost of acquisitions during year:	
	2.1 Actual cost at time of acquisitions 1,000,000	
	2.2 Additional investment made after acquisitions	1,000,000
3.	Accrual of discount	
4.	Increase (decrease) by adjustment	56,181
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book/adjusted carrying value of long-term invested assets at end of current period	1,056,181
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	1,056,181
12.	Total nonadmitted amounts	
13.	Statement value of long-term invested assets at end of current period	1,056,181

### **SCHEDULE D - PART 1A - SECTION 1**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality and Maturity Distrib	dulion of All Bol			ok/Aujusteu Ca Δ			or issues and in			10	44
	1	2	3	T	5	6	/	8	9	10	11
0 15 D 15 D 15	1 Year	Over 1 Year		Over 10 Years		<b>-</b>	Column 6	Total	% From	Total	Total
Quality Rating Per the	or	Through	Through	Through	Over	Total	as a % of	From Column 6		Publicly	Privately
NAIC Designation	Less	5 Years	10 Years	20 Years	20 Years	Current Year	Line 10.7	Prior Year	Prior Year	Traded	Placed (a)
1. U.S. Government, Schedules D & DA (Group 1)											
1.1 Class 1			220,134	808,573		1,028,707	26.80			1,028,707	
1.2 Class 2											
1.4 Class 4											
1.5 Class 5											
1.6 Class 6											
1.7 TOTALS			220,134	808,573		1,028,707	26.80			1,028,707	
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Class 1											
2.2 Class 2											
2.3 Class 3											
2.4 Class 4											
2.5 Class 5											
2.6 Class 6											
2.7 TOTALS											
8. States, Territories and Possessions etc., Guaranteed, Schedules D & DA											
(Group 3)											
` ' '											
3.2 Class 2											
I. Political Subdivisions of States, Territories & Possessions, Guaranteed,											
Schedules D & DA (Group 4)											
` ' '		534,676	115 700	455.078		1.105.552	28.80			1.105.552	
4.1 Class 1 4.2 Class 2		,	,	,		,,				, ,	
4.3 Class 3											
4.4 Class 4											
4.6 Class 6		504.070	445.700	455.070		4.405.550				4.405.550	
4.7 TOTALS		534,676	115,798	455,078		1,105,552	28.80			1,105,552	
Special Revenue & Special Assessment Obligations etc., Non-Guaranteed,											
Schedules D & DA (Group 5)											
	200,000		679,780			879,780	22.92			879,780	
5.2 Class 2											
5.3 Class 3											
5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
	200,000		679,780			879,780	22.92			879,780	

## SCHEDULE D - PART 1A - SECTION 1 (continued) Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations												
		1	2	3	4	5	6	7	8	9	10	11
		1 Year	Over 1 Year	Over 5 Years	Over 10 Years			Column 6	Total	% From	Total	Total
	Quality Rating Per the	or	Through	Through	Through	Over	Total	as a % of	From Column 6	Column 7	Publicly	Privately
	NAIC Designation	Less	5 Years	10 Years	20 Years	20 Years	Current Year	Line 10.7	Prior Year	Prior Year	Traded	Placed (a)
6. P	Public Utilities (Unaffiliated), Schedules D & DA	2000	5 10015	10 10415	20 10013	20 10013	Odificiti Todi	Line 10.7	T HOI TOUT	T HOL T CAL	Hadou	r lacea (a)
	Group 6)											
,	.1 Class 1											
1	.2 Class 2											
1	.3 Class 3											
1	.4 Class 4											
1	.5 Class 5											
1	.6 Class 6											
1 -	.7 TOTALS											
	ndustrial & Miscellaneous (Unaffiliated), Schedules											
	D & DA (Group 7)											
l l	.1 Class 1		904 019				824.918	21 40			824.918	
	.2 Class 2		- ,				, , , ,	-			. ,	
1												
	.3 Class 3											
1	.4 Class 4											
	.5 Class 5											
	.6 Class 6							01.40			004.040	
	.7 TOTALS		824,918				824,918	21.49			824,918	
	Credit Tenant Loans, Schedules D & DA (Group 8)											
1	.1 Class 1											
1	.2 Class 2											
1	.3 Class 3											
8												
1	.5 Class 5											
_	.6 Class 6											
	.7 TOTALS											
	arent, Subsidiaries and Affiliates, Schedules D &											
	OA (Group 9)											
_	.1 Class 1											
_	.2 Class 2											
1	.3 Class 3											
1	.4 Class 4											
9	.5 Class 5											
l a	.6 Class 6											
	.7 TOTALS											

### SCHEDULE D - PART 1A - SECTION 1 (continued) Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

	,	1	2	3	4	5	6	7	8	9	10	11
		1 Year	Over 1 Year	Over 5 Years	Over 10 Years			Column 6	Total	% From	Total	Total
	Quality Rating Per the	or	Through	Through	Through	Over	Total	as a % of	From Column 6	Column 7	Publicly	Privately
	NAIC Designation	Less	5 Years	10 Years	20 Years	20 Years	Current Year	Line 10.7	Prior Year	Prior Year	Traded	Placed (a)
10. Total E	Sonds Current Year	2000	0 10010	10 10010	20 10010	20 10010	- Curront rour	2.110 1017	i iidi i dai	i noi roui	riadoa	1 14004 (a)
10.1	Class 1	200,000	1,359,594	1,015,712	1,263,651		3,838,957	100.00	x x x	x x x	3.838.957	
10.2	Class 2								X X X	X X X		
10.3	Class 3								x x x	x x x		
10.4	Class 4								X X X	x x x		
10.5	Class 5						(c)		X X X	X X X		
10.6	Class 6						(c)		X X X	X X X		
10.7	TOTALS	200,000	1,359,594		1,263,651		(b) 3,838,957	100.00	X X X	X X X	3,838,957	
10.8	Line 10.7 as a % of Column 6	5.21	35.42	26.46	32.92		100.00	X X X	X X X	X X X	100.00	
11. Total E	onds Prior Year											
11.1	Class 1						X X X	X X X				
11.2	Class 2						X X X	X X X				
11.3	Class 3						X X X	X X X				
11.4	Class 4						X X X	X X X				
11.5	Class 5						X X X	X X X	(c)			
11.6	Class 6						X X X	X X X	(c)			
11.7	TOTALS						X X X	X X X	(b)			
11.8	Line 11.7 as a % of Col. 8						X X X	X X X		X X X		
	Publicly Traded Bonds											
12.1		200,000	1,359,594	1,015,712	1,263,651		3,838,957				3,838,957	X X X
12.2	Class 2											X X X
12.3	Class 3											X X X
12.4	Class 4											X X X
12.5												X X X
12.6	Class 6											X X X
12.7	TOTALS	200,000	1,359,594				3,838,957				3,838,957	X X X
12.8	Line 12.7 as a % of Col. 6	5.21			l		100.00		X X X		100.00	X X X
12.9	Line 12.7 as a % of Line 10.7, Col. 6, Section 10 .	5.21	35.42	26.46	32.92		100.00	X X X	X X X	X X X	100.00	X X X
	Privately Placed Bonds											
13.1	Class 1										X X X	
13.2	Class 2										X X X	
13.3	Class 3										X X X	
13.4	Class 4										X X X	
13.5	Class 5										X X X	
13.6											X X X	
13.7	TOTALS										X X X	
13.8	Line 13.7 as a % of Col. 6							XXX	X X X		X X X	
(a) Includes	Line 13.7 as a % of Line 10.7, Col. 6, Section 10 . \$							X X X	X X X	X X X	X X X	

#### 41

### **SCHEDULE D - PART 1A - SECTION 2**

Maturity Distribution of All Bonds Owned December 31. At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues											
	1	2	3	4	5	6	7	8	9	10	11
	1 Year	Over 1 Year	Over 5 Years	Over 10 Years			Column 6	Total	% From	Total	Total
	or	Through	Through	Through	Over	Total	as a % of	From Column 6	Column 7	Publicly	Privately
Distribution by Type	Less	5 Years	10 Years	20 Years	20 Years	Current Year	Line 10.7	Prior Year	Prior Year	Traded	Placed
U.S. Governments, Schedules D & DA (Group 1)	2000	0.00.0		20 . 00.0	20 . 04.0	- Curront rous		1	1 1101 1 001		
1.1 Issuer Obligations	l		220.134			220.134	5.73			220.134	
1.2 Single Class Mortgage-Backed/Asset-Backed Bonds			-, -	808,573		808,573	21.06			808,573	
			220,134			1,028,707					
1.7 TOTALS			220,134	808,573		1,028,707	26.80			1,028,707	
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Issuer Obligations											
2.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3 Defined											
2.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5 Defined											
2.6 Other						l					
2.7 TOTALS											
States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)											
3.1 Issuer Obligations											
3.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined											
3.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5 Defined											
3.6 Other											
3.7 TOTALS											
4. Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Issuer Obligations		534,676	115.798	455,078		1,105,552	28.80			1.105.552	
4.2 Single Class Mortgage-Backed/Asset-Backed Bonds										,,	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined	l					l					
4.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
	l										
4.5 Defined	1										
4.6 Other											
4.7 TOTALS		534,676	115,798	455,078		1,105,552	28.80			1,105,552	
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, SCH. D & DA (Group 5)											
5.1 Issuer Obligations	200,000		679,780			879,780	22.92			879,780	
5.2 Single Class Mortgage-Backed/Asset-Backed Bonds											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined											
5.4 Other	1										
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5 Defined	l					l				l	
5.6 Other											
5.7 TOTALS						879,780	22.02			879,780	
0./ IUIALO			1			1 0/9,/60				1 0/9,/80	

## SCHEDULE D - PART 1A - SECTION 2 (continued) Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

Maturity Distric	dion of All Bond	3 Owned Decei	IDCI OI, AL DOO	MAGJUSTEG CUIT	ying values by	wajor rypes or	and Subtype of	133463			
	1	2	3	4	5	6	7	8	9	10	11
	1 Year	Over 1 Year	Over 5 Years	Over 10 Years			Column 6	Total	% From	Total	Total
	or	Through	Through	Through	Over	Total	as a % of	From Column 6	Column 7	Publicly	Privately
Distribution by Type	Less	5 Years	10 Years	20 Years	20 Years	Current Year	Line 10.7	Prior Year	Prior Year	Traded	Placed
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)	2000	5 1 0 13	10 10015	20 10013	20 10013	Ouricit real	Line 10.7	T HOL TOUL	T HOI T CAI	Tidaca	Tidoca
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED											
SECURITIES:											
6.5 Defined											
6.6 Other											
6.7 TOTALS											
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations		824,918				824,918	21.49			824,918	
7.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED											
SECURITIES:											
7.5 Defined											
7.6 Other											
7.7 TOTALS		824,918				824,918	21.49			824,918	
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations											
8.7 TOTALS											
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined											
9.6 Other											
9.7 TOTALS											

## SCHEDULE D - PART 1A - SECTION 2 (continued) Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

	Maturity distribution of All	Bonas Ownea L	ecember 31, Al	Book/Adjusted	Carrying value	s by Major Typ	es of and subty	pe of issues				
		1	2	3	4	5	6	7	8	9	10	11
		1 Year	Over 1 Year	Over 5 Years	Over 10 Years			Column 6	Total	% From	Total	Total
		or	Through	Through	Through	Over	Total	as a % of	From Column 6	Column 7	Publicly	Privately
		-	9								, ,	, ,
	Distribution by Type	Less	5 Years	10 Years	20 Years	20 Years	Current Year	Line 10.7	Prior Year	Prior Year	Traded	Placed
10. Total	Bonds Current Year											
10.1	Issuer Obligations	200,000	1,359,594	1,015,712	455,078		3,030,384	78.94	X X X	X X X	3,030,384	
10.2	Single Class Mortgage-Backed/Asset-Backed Securities				808,573		808,573	21.06	X X X	X X X	808,573	
MULTI-CLA	SS RESIDENTIAL MORTGAGE-BACKED SECURITIES:				,		,				·	
10.3	Defined								x x x	X X X		
10.4	Other								X X X	XXX		
	SS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5	Defined								x x x	x x x		
10.5	Other								X X X	X X X		
1					4 000 054						0.000.057	
10.7	TOTALS	200,000	1,359,594	1,015,712			3,838,957	100.00		X X X	3,838,957	
10.8	Line 10.7 as a % of Column 6	5.21	35.42	26.46	32.92		100.00	X X X	X X X	X X X	100.00	
	Bonds Prior Year											
11.1	Issuer Obligations						X X X	X X X				
11.2							X X X	X X X				
MULTI-CLA	SS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3	Defined						X X X	X X X				
11.4	Other						X X X	x x x			.	
MULTI-CLA	SS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5	Defined						X X X	x x x				
11.6	Other						X X X	XXX				
11.7	TOTALS						X X X	X X X				
								X X X				
11.8	Line 11.7 as a % of Column 8						X X X	* * *		X X X		
	Publicly Traded Bonds											
12.1	Issuer Obligations		1,359,594	1,015,712	/		3,030,384	78.94			3,030,384	X X X
12.2	Single Class Mortgage-Backed/Asset-Backed Securities				808,573		808,573	21.06			808,573	X X X
MULTI-CLA	SS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3	Defined											X X X
12.4	Other											X X X
MULTI-CLA	SS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5	Defined											X X X
12.6	Other										.	X X X
12.7	TOTALS	200,000	1,359,594	1,015,712	1,263,651		3,838,957	100.00			3,838,957	X X X
12.8	Line 12.7 as a % of Column 6	5.21	35.42				100.00	X X X	X X X	X X X	100.00	X X X
12.9	Line 12.7 as a % of Line 10.7, Column 6, Section 10	-	35.42				100.00	XXX	X X X	X X X	100.00	X X X
	Privately Placed Bonds			20.70			100.00	X X X	X X X	X X X		XXX
											V V V	
13.1	Issuer Obligations										X X X	
13.2	Single Class Mortgage-Backed/Asset-Backed Securities										X X X   .	
1 -	SS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3	Defined										X X X	
13.4	Other										X X X	
MULTI-CLA	SS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5	Defined										X X X	
13.6	Other										X X X	
13.7	TOTALS										X X X	
13.8	Line 13.7 as a % of Column 6							X X X	X X X	X X X	X X X	
13.9	Line 13.7 as a % of Line 10.7, Column 6, Section 10							X X X	X X X	X X X	XXX	
10.0	Enter 16.7 do d 75 of Enter 16.7, Oblight 16, Oblight 16							· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · ·	AAA	· · · · · · · · · · · · · · · · · · ·	

44	Schedule DA Part 2 NONE
45	Schedule DB Part A Verification
45	Schedule DB Part B Verification
46	Schedule DB Part C Verification
46	Schedule DB Part D Verification
46	Schedule DB Part E Verification
47	Schedule DB Part F Sn 1 - Sum Replicated Assets NONE
48	Schedule DB Part F Sn 2 - Recon Replicated Assets NONE
49	Schedule S - Part 1 - Section 2 NONE
50	Schedule S - Part 2 NONE

### **SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

			ricingularice ocaca Acciae	in and ricalli mourance Listed by Hen	journing of	pilipally as t	DCCCIIIDC	i or, ourici	t i cai			
1	2	3	4	5	6	7	8	9	Outstanding 9	Surplus Relief	12	13
								Reserve	10	11		
								Credit Taken				Funds
NAIC	Federal						Unearned	Other than for			Modified	Withheld
Company	ID	Effective					Premiums	Unearned	Current	Prior	Coinsurance	Under
Code	Number	Date	Name of Company	Location	Туре	Premiums	(estimated)	Premiums	Year	Year	Reserve	Coinsurance
Affiliates												
67105	41-0451140	08/01/1999	Reliastar Life Insurance Company	Minneapolis, Minnesota	SSL/A	521.108						
		00/01/1000	Tionada Life modiande Company	Will incapolic, Will incoola	ооци	- ,						
0199999	Total - Affiliates					521,108						
0399999	Totals					521,108						

### SCHEDULE S - PART 4

**Reinsurance Ceded To Unauthorized Companies** 

1	2	3	4	5	6	7	8	9	10	11	12	13	14
					Paid and					Funds			Sum of Cols.
NAIC	Federal			Reserve	Unpaid Losses		Totals			Deposited by and		Miscellaneous	9+10+11+12+13
Company	ID	Effective		Credit	Recoverable	Other	(Cols. 5	Letters of	Trust	Withheld		Balances	But Not in
Code	Number	Date	Name of Reinsurer	Taken	(Debit)	Debits	+ 6 + 7)	Credit	Agreements	from Reinsurers	Other	(Credit)	Excess of Col. 8
					N O 1								
						Y C							
1199999 T	otals (General A	Account and Se	eparate Accounts combined)										

### **SCHEDULE S - PART 5**

# Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		1	2	3	4	5
		2003	2002	2001	2000	1999
A. OF	PERATIONS ITEMS					
1.	Premiums					
2.	Title XVIII-Medicare					
3.	Title XIX - Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses					
B. B.	ALANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable					
8.	Reinsurance recoverable on paid losses		70	33	85	
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances unpaid					
11.	Unauthorized reinsurance offset					
C. UN	IAUTHORIZED REINSURANCE					
(DEP	OSITS BY AND FUNDS WITHHELD FROM)					
12.	Funds deposited by and withheld from (F)					
13.	Letters of credit (L)					
14.	Trust agreements (T)					
15.	Other (O)					

### **SCHEDULE S - PART 6**

### Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported	Restatement	Restated
		(net of ceded)	Adjustments	(gross of ceded)
ASSE	TS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	28,625,250		28,625,250
2.	Accident and health premiums due and unpaid (Line 12)			
3.	Amounts recoverable from reinsurers (Line 13.1)			
4.	Net credit for ceded reinsurance	X X X		
5.	All other admitted assets (Balance)	1,958,462		1,958,462
6.	Total assets (Line 26)	30,583,712		30,583,712
LIABI	LITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	11,310,442		11,310,442
8.	Accrued medical incentive pool and bonus payments (Line 2)	274,691		274,691
9.	Premiums received in advance (Line 8)			
10.	Reinsurance in unauthorized companies (Line 18)			
11.	All other liabilities (Balance)	3,994,746		3,994,746
12.	Total liabilities (Line 22)	15,579,879		15,579,879
13.	Total capital and surplus (Line 30)	15,003,834	X X X	15,003,834
14.	Total liabilities, capital and surplus (Line 31)	30,583,713		30,583,713
NET (	CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid			
16.	Accrued medical incentive pool			
17.	Premiums received in advance			
18.	Reinsurance recoverable on paid losses			
19.	Other ceded reinsurance recoverables			
20.	Total ceded reinsurance recoverables			
21.	Premiums receivable			
22.	Unauthorized reinsurance			
23.	Other ceded reinsurance payables/offsets			
24.	Total ceded reinsurance payables/offsets			
25.	Total net credit for ceded reinsurance			

# SCHEDULE Y (continued) PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
					Purchases, Sales	Income/(Disburse-				Any Other		Reinsurance
					or Exchanges of	ments) Incurred in				Material Activity		Recoverable/
					Loans, Securities,	Connection with	Management	Income/		not in the		(Payable)
					Real Estate,	Guarantees or	Agreements	(Disbursements)		Ordinary		on Losses
NAIC	Federal				Mortgage	Undertakings	and	Incurred Under		Course of		and/or Reserve
Company	ID	Names of Insurers and Parent,	Shareholder	Capital	Loans or Other	for the Benefit	Service	Reinsurance		the Insurer's		Credit Taken/
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Investments	of any Affiliate(s)	Contracts	Agreements	*	Business	Totals	(Liability)
						L						
					$\cap$ $N$	•						
				<b>         </b>	U IN L							
9999999 Tota	als								XXX			

Schedule Y Part 2 Explanation:

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	nesponse
MARCH FILING	<u>-</u>
1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
3. Will an actuarial certification be filed by March 1?	Yes
4. Will the Risk-based Capital Report be filed with the NAIC by March 1?	Yes
<ol><li>Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?</li></ol>	Yes
6. Will the SVO Compliance Certification be filed by March 1?	Yes
7. Will the Life Supplement be filed with the state of domicile and the NAIC by March 1?	No
8. Will the Property/Casualty Supplement be filed with the state of domicile and the NAIC by March 1?	No
ADDIL FILMO	
APRIL FILING	V
9. Will Management's Discussion and Analysis be filed by April 1?	Yes
10. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?	No Yes
11. Will the Investment Risks Interrogatories be filed by April 1?	Yes
JUNE FILING	
12. Will an audited financial report be filed by June 1 with the state of domicile?	Yes
Explanations:	100
—	

#### Bar Codes:



Medicare Supplement Insurance Experience Exhibit

Health Property / Casualty Supplement

52563200320700000 2003 Document Code: 207



LTC Experience Reporting Form C

52563200333000000 2003 Document Code: 330

### **OVERFLOW PAGE FOR WRITE-INS**

### **ASSETS**

	Current Year			Prior Year
	1	2	3	4
			Net Admitted	
		Nonadmitted	Assets	Net Admitted
	Assets	Assets	(Cols.1-2)	Assets
0997. Summary of remaining write-ins for Line 9 (Lines 0904 through 0996)				
2304. Pre-Paid Expenses	15,690	15,690		
2397. Summary of remaining write-ins for Line 23 (Lines 2304 through 2396)	15,690	15.690		

### **EXHIBIT 1 - ANALYSIS OF NONADMITTED ASSETS AND RELATED ITEMS**

		1	2	3
		End	End	Changes for Year
		of	of	(Increase) or
		Current Year	Prior Year	Decrease
0404.	Preferred Stock Fair Value Adjustment	6,594		(6,594)
0405.	Pharmacy Rebate	105,572		(105,572)
0497.	Summary of remaining write-ins for Line 4 (Lines 0404 through 0496)	112,166		(112,166)

LS1	Life Supplement Title Page
LS2	Exhibit 5 - Aggregate Reserve for Life NONE
LS3	Exhibit 5 - Interrogatories NONE
LS4	Exhibit 7 - Deposit Type Contracts NONE
LS5	Schedule S - Part 1 - Section 1 NONE
LS6	Schedule S - Part 3 - Section 1 NONE

SUPPLEMENT FOR THE YEAR 2003 OF THE Health Plan of Michigan, Inc.

### **OVERFLOW PAGE FOR WRITE-INS**

PS1	Property Supplement Title Page	ΙE
PS2	Schedule F Part 1 Assumed Reinsurance NON	ΙE
PS3	Schedule F Part 3 Ceded Reinsurance NON	ΙE
PS4	Schedule P - Part 1 Summary NON	ΙE
PS5	Schedule P - Part 1A NON	ΙE
PS6	Schedule P - Part 1B NON	ΙE
PS7	Schedule P - Part 1C	ΙE
PS8	Schedule P - Part 1D NON	ΙE
PS9	Schedule P - Part 1E NON	ΙE
PS10	Schedule P - Part 1F Sn 1 NON	ΙE
PS11	Schedule P - Part 1F Sn 2 NON	ΙE
PS12	Schedule P - Part 1G NON	ΙE
PS13	Schedule P - Part 1H Sn 1	ΙE
PS14	Schedule P - Part 1H Sn 2	ΙE
PS15	Schedule P - Part 1I NON	ΙE
PS16	Schedule P - Part 1J NON	ΙE
PS17	Schedule P - Part 1K NON	1E
PS18	Schedule P - Part 1L NON	ΙE
PS19	Schedule P - Part 1M NON	ΙE
PS20	Schedule P - Part 1N NON	ΙE
PS21	Schedule P - Part 10 NON	ΙE

PS22	Schedule P - Part 1P	
PS23	Schedule P - Part 1R Sn 1	NONE
PS24	Schedule P - Part 1R Sn 2	NONE
PS25	Schedule P - Part 1S	NONE
PS26	Schedule P - Part 2 Summary	NONE
PS27	Schedule P - Part 2A	NONE
PS27	Schedule P - Part 2B	NONE
PS27	Schedule P - Part 2C	NONE
PS27	Schedule P - Part 2D	NONE
PS27	Schedule P - Part 2E	NONE
PS28	Schedule P - Part 2F Sn 1	NONE
PS28	Schedule P - Part 2F Sn 2	NONE
PS28	Schedule P - Part 2G	NONE
PS28	Schedule P - Part 2H Sn 1	NONE
PS28	Schedule P - Part 2H Sn 2	NONE
PS29	Schedule P - Part 2I	NONE
PS29	Schedule P - Part 2J	NONE
PS29	Schedule P - Part 2K	NONE
PS29	Schedule P - Part 2L	NONE
PS29	Schedule P - Part 2M	NONE
PS30	Schedule P - Part 2N	NONE
PS30	Schedule P - Part 20	NONE
PS30	Schedule P - Part 2P	NONE
PS31	Schedule P - Part 2R Sn 1	
PS31	Schedule P - Part 2R Sn 2	NONE
PS31	Schedule P - Part 2S	NONE
PS32	Schedule P - Part 3 Summary (Work Paper)	NONE
PS33	Schedule P - Part 3A (Work Paper)	
PS33	Schedule P - Part 3B (Work Paper)	
PS33	Schedule P - Part 3C (Work Paper)	NONE
PS33	Schedule P - Part 3D (Work Paper)	NONE
PS33	Schedule P - Part 3E (Work Paper)	NONE
PS34	Schedule P - Part 3F Sn 1 (Work Paper)	NONE
PS34	Schedule P - Part 3F Sn 2 (Work Paper)	NONE
PS34	Schedule P - Part 3G (Work Paper)	NONE
PS34	Schedule P - Part 3H Sn 1 (Work Paper)	NONE
PS34	Schedule P - Part 3H Sn 2 (Work Paper)	NONE
PS35	Schedule P - Part 3I (Work Paper)	NONE
PS35	Schedule P - Part 3J (Work Paper)	NONE
PS35	Schedule P - Part 3K (Work Paper)	NONE
PS35	Schedule P - Part 3L (Work Paper)	NONE
PS35	Schedule P - Part 3M (Work Paper)	
PS36	Schedule P - Part 3N (Work Paper)	NONE
PS36	Schedule P - Part 30 (Work Paper)	NONE
PS36	Schedule P - Part 3P (Work Paper)	NONE
PS37	Schedule P - Part 3R Sn 1 (Work Paper)	NONE
PS37	Schedule P - Part 3R Sn 2 (Work Paper)	
PS37	Schedule P - Part 3S (Work Paper)	NONE

SUPPLEMENT FOR THE YEAR 2003 OF THE Health Plan of Michigan, Inc.

### **OVERFLOW PAGE FOR WRITE-INS**

# INDEX TO HEALTH ANNUAL STATEMENT

Accident and Health Premiums Due and Unpaid (Exhibit 3)	18
Aggregate Reserve for Accident and Health Contracts (Underwriting	
and Investment Exhibit – PT 2D)	13
Amounts Due from Parent, Subsidiaries and Affiliates (Exhibit 6)	21
Amounts Due to Parent, Subsidiaries and Affiliates (Exhibit 7)	22
Analysis of Claims Unpaid Prior Year – Net of Reinsurance (Underwriting	
and Investment Exhibit – PT 2B)	11
Analysis of Expenses (Underwriting and Investment Exhibit – PT 3)	14
Analysis of Nonadmitted Assets and Related Items (EX 1)	16
Analysis of Operations by Lines of Business	07
Assets (Admitted)	02
Bonds and Stocks (SCH D)	E08
Cash (SCH E – PT 1)	E24
Cash Equivalents (SCH E – PT 2)	E25
Cash Flow	06
Collar, Swap and Forward Agreements (SCH DB – PT C)	
	LIS
Counterparty Exposure for Derivative Instruments Open	E00
(SCH DB, PT E)	E22
Exhibit of Premiums	08
Exhibit of Claims Incurred During the Year	09
Exhibit of Claims Liability End of Current Year	10
Exhibit of Analysis of Claims Unpaid Prior Year	11
Exhibit of Development of Paid Claims	12
Exhibit of Development of Incurred Claims	12
Exhibit of Development Ratio for Incurred Year Claims	12
Exhibit of Aggregate Reserve for Accident and Health Contracts	13
Exhibit of Analysis of Expenses	14
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Analysis of Nonadmitted Assets and Related Items	16
Exhibit of Enrollment by Product Type (EX 2)	17
Exhibit of Accident and Health Premiums Due and Unpaid	18
Exhibit of Health Care Receivables	19
Exhibit of Claims Payable (Reported and Unreported)	20
Exhibit of Amounts due From Parent, Subsidiaries and Affiliates	21
Exhibit of Amounts due To Parent, Subsidiaries and Affiliates	22
Exhibit of Summary of Transactions with Providers	23
Exhibit of Summary of Transactions with Intermediaries	23
Exhibit of Furniture, Equipment and Supplies Owned	24
Exhibit of Premiums, Enrollment and Utilization (State Page)	35
Five-Year Historical Data	34
Futures Contracts (SCH DB, PT D)	E20
General Interrogatories	27
Information Concerning Activities of Insurer Members of a Holding	
Company Group (SCH Y)	56
Liabilities, Capital and Surplus	03
Long-Term Invested Assets (SCH BA)	E06
Mortgage Loans (SCH B)	E04
Notes to Financial Statements	25
Options. Caps and Floors (SCH DB., PT A)	E16
Options, Caps and Floors Written (SCH DB, PT B)	E17
Organizational Chart (SCH Y, PT 1)	56
Overflow Page for Write-Ins	59
Premiums and Other Considerations(SCH T)	55
Real Estate (SCH A)	E01
neconciliation of nephrateu (Synthetic) Assets Open (Son DB, PTF)	4/

Schedules.	
A - Real Estate	E01
B - Mortgage Loans	E04
BA - Other Long-Term Invested Assets	E06
D - Summary By Country	37
D - Bonds and Stocks	E08 44
DA - Pt 1 - Short-Term Investments	E15
DB - Pt A – Options, Caps and Floors, Etc. Owned	E16
DB - Pt B – Options, Caps and Floors, Etc. Written	E17
DB - Pt C - Collars, Swaps and Forwards	E19
DB - Pt D – Futures Contracts and Insurance Futures Contracts	E20
DB - Pt E – Counterparty Exposure for Derivative Instruments	E22
DB - Pt F - Replicated (Synthetic Asset) Transactions	47
E - Part 1 - Cash	E24
- Part 2 – Cash Equivalents	E25
- Part 3 – Special Deposits	E26
S - Reinsurance	49
T - Premiums (Allocated by States and Territories)	55
<ul> <li>Y - Part 1 Information Concerning Activities of Insurer Members</li> </ul>	i
of a Holding Company Group	56
Y - Part 2 Summary of Insurer's Transactions With Any	
Affiliates	57
Short-Term Investments (SCH DA)	E15
Special Deposits (SCH E, PT 3)	E26
State Page – Exhibit of Premiums, Enrollment and Utilization	
(Separate Page for Each State)	35
Statement of Revenue and Expenses	04
Summary Investment Schedule	26
Summary of Replicated (Synthetic) Assets Open (SCH DB, PT F)	47
Summary of Transactions with Providers (Exhibit 8 – Pt 1)	23
Summary of Transactions with Intermediaries (Exhibit 8 – Pt 2)	23
Supplemental Exhibits and Schedules Interrogatories	58
Verifications:	00
Schedules A, B and BA	36
Schedule D	37
Schedule DR - Pt 2	44 45
Schedule DB – Pts A and B Schedule DB – Pts C. D and F	45 46
Scriedule DB - PIS C. D and E	40